## REST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10044581

Effective October 1, 2001										009	<i>-</i>	- D/	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			27					RATE		FEE	ļ <b>j</b>	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 7			X\$ 9=	=	63	OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		*2			X42=		84	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							İ	TOTA		517	OR	TOTAL	
CLAIMS AS AMENDED - PART II									•			OTHER	
(Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	i	NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	(AUN)	Minus	**		=		X\$ 9:	= ] -		OR	X\$18=	
\ME	Independent	. 4	Minus	***		=		X42=	=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		1	+140			OR	+280=	
								TOT	TAL		OR	TOTAL	
		(Caluma 1)		(Cal	umn 2)	(Column 3)		ADDIT. F	EE	<u> </u>	10,,	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	in or a survey involved war in the	HIG NUM PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9	<u>'=</u>		OR	X\$18=	
	Independent	*	Minus	***	T OL CO	=	-	X42:	=		OR	X84=	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	=		OR	+280=	
İ								TO ADDIT. F	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colı	umn 2)	(Column 3)	_				-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	ic a que en estado en estado en estado en estado en estado en estado en estado en estado en estado en estado e	HIG NUI PREV	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9	!=	   	OR	X\$19=	
	independent	*	Minus	***		=		X42:	=		OR	V04-	1
	FIRST PRESE	ENTATION OF N	MULTIPLE DE	PENDE	NT CLAIN	1	1			<b> </b>	1		1
	If the entry in colu	mn 1 is less than	the entry in col	lumn 2. wr	ite "0" in co	olumn 3.		+140		<u> </u>	OR	+280= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
1	The "Highest Nur	mber Previously P	'aid For" (Total	or Indeper	ndent) is th	ne highest numb	er fo	ound in th	е ар	propriate bo	ox in c	olumn 1.	